

Fill in this information to identify your case:

Debtor 1 **John Turnipseed**
 First Name Middle Name Last Name

Debtor 2 **Luvenia H Turnipseed**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **18-05981**
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 100,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 31,159.49
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 131,159.49

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 50,574.10
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 27,736.10
Your total liabilities		\$ 78,310.20

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 5,239.69
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,925.30

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **5,727.40**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

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 First Name Middle Name Last Name

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 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **18-05981**

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Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

17 SPOTSWOOD COURT

Street address, if available, or other description

Columbia SC 29210-0000
 City State ZIP Code

Richland
 County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$100,000.00	\$100,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

DEBTORS RESIDENCE-17 SPOTSWOOD COURT, COLUMBIA, SC 29210, RICHLAND COUNTY, (3) BEDROOM HOUSE, TMS# (R07407-04-11), TAX APPRAISAL VALUE (\$78,300), SEE ATTACHED TAX APPRAISAL

DEBTORS ESTIMATES VALUE AT (\$100,000)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$100,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: **DODGE**
Model: **RAM 1500 TRUCK**
Year: **1999**
Approximate mileage: **130,000**
Other information:

**1999 DODGE RAM 1500 TRUCK:
VIN# (), (4) DOOR, (8)
CYLINDER, (130,000) MILES,
DEBTOR ESTIMATES VALUE
AT (\$1,500)**

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$1,500.00

\$1,500.00

3.2 Make: **MITSUBISHI**
Model: **DIAMANTE**
Year: **2001**
Approximate mileage: **155,000**
Other information:

**2001 MITSUBISHI DIAMANTE:
VIN# (3B7HCR3Y5XG146157),
(4) DOOR, (6) CYLINDER,
(155,000) MILES, DEBTOR
ESTIMATES VALUE AT (\$500)**

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$500.00

\$500.00

3.3 Make: **DODGE**
Model: **CHARGER**
Year: **2004**
Approximate mileage: **160,000**
Other information:

**2004 DODGE CHARGER: VIN#
(2B3UA73W36H369525), (4)
DOOR, (6) CYLINDER, (160,000)
MILES, NADA VALUE (\$250)**

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$250.00

\$250.00

3.4 Make: **FORD**
Model: **E350 VAN**
Year: **2010**
Approximate mileage: **200,000**
Other information:

**2010 FORD E350 VAN: VIN# (),
(4) DOOR, (8) CYLINDER,
(200,000) MILES, NADA VALUE
(\$250)**

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$250.00

\$250.00

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3.5 Make: **BUICK**
Model: **LACROSSE**
Year: **2016**
Approximate mileage: **45,000**
Other information:

**2016 BUICK LACROSSE: VIN#
(), (4) DOOR, (86) CYLINDER,
(45,000) MILES, NADA VALUE
(\$18,150)**

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$18,150.00

\$18,150.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$20,650.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

**HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS,
BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE,
WASHER, DRYER, MOWER, WEEDEATER**

\$1,500.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

HOUSEHOLD GOODS: TVS, DVD PLAYERS, COMPUTER

\$600.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No
☒ Yes. Describe.....

BOOKS

\$45.00

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

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10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

CLOTHING

\$750.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

JEWELRY

\$600.00

JEWELRY: JEWELRY PURCHASED FROM KAY JEWELERS

\$500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,995.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

CASH ON HAND

\$0.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

**ALLSOUTH FEDERAL CREDIT UNION:
CHECKING ACCOUNT# (9796)**

17.1. Checking

\$33.35

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17.2.	Savings	ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (5894)	\$39.44
17.3.	Savings	ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (0593)	\$91.70
17.4.	Checking	ALLSOUTH FEDERAL CREDIT UNION: CHECKING ACCOUNT# (8229)	\$100.00
17.5.	Savings	ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (5810)	\$50.00
17.6.	Checking	BANK OF AMERICA: CHECKING ACCOUNT	\$200.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k)

**RETIREMENT PROGRAM: ERISA QUALIFIED
401(K) RETIREMENT PROGRAM, FACE
VALUE OF PROGRAM (\$6,000)**

\$6,000.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

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25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**INTERTAPE POLYMER GROUP LIFE
INSURANCE: GROUP LIFE
INSURANCE POLICY, FACE VALUE OF
POLICY (\$150,000), CASH SURRENDER
VALUE OF POLICY (\$0.00)**

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No

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☐ Yes. Describe each claim.....

35. **Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$6,514.49

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. **Add the dollar value of all of your entries from Part 7. Write that number here**

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$100,000.00
56. Part 2: Total vehicles, line 5	\$20,650.00	
57. Part 3: Total personal and household items, line 15	\$3,995.00	
58. Part 4: Total financial assets, line 36	\$6,514.49	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$31,159.49	Copy personal property total \$31,159.49
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$131,159.49

The information provided on this page reflects data as of December 31, 2017 and should be used for reference only. For official assessment information, please contact the Richland County Assessor's Office.

Information presented on the Assessor's Database is collected, organized and provided for the convenience of the user and is intended solely for informational purposes. **ANY USER THEREOF OR RELIANCE THEREON IS AT THE SOLE DISCRETION, RISK AND RESPONSIBILITY OF THE USER.** While every attempt is made to provide information that is accurate at the date of publication, portions of such information may be incorrect or not current. **RICHLAND COUNTY HEREBY DISCLAIMS ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, AS TO ITS ACCURACY, COMPLETENESS OR FITNESS FOR ANY PARTICULAR PURPOSE.** All official records of the County and the countywide elected officials are on file in their respective offices and may be viewed by the public at those offices.

Owner Information

Tax Map Number:	R07407-04-11
Owner:	TURNIPSEED JOHN & LUVENIA H
Address 1:	17 SPOTSWOOD CT
Address 2:	
Address 3:	
City/State/Zip:	COLUMBIA SC 29210
Property Location/Code:	17 SPOTSWOOD CT

Tax Information

Year:	2018
Property Tax Relief:	(\$835.08)
Local Option Sales Tax Credit:	(\$40.61)
Tax Amount:	\$452.14
Paid:	No
Homestead:	Yes
Assessed:	\$3,130.00

Assessment Information

Year Of Assessment:	2018	Legal Residence:	Yes
Tax District:	1UR	Sewer Connection:	CITY
Acreage Of Parcel:	0.00	Water Connection:	CITY
Non-Agriculture Value:	\$14,400.00	Agriculture Value:	\$0.00
Building Value:	\$63,100.00	Improvements:	\$800.00
Taxable Value:	\$78,300.00		
Zoning:	RS-MD	RESIDENTIAL, SINGLE-FAMILY-MEDIUM DENSITY	

Property Information

Legal Description:	LOT 19 BLOCK B	#SU
	90X21X130X96X145	#PR
Land Type:	RESIDENTIAL LAND	

Sales History

Current Owner Name	Sale Date	V/I	Book/Page	Sale Price	Qual Code
TURNIPSEED JOHN & LUVENIA H	07/00/1978	1	D470 / 88	\$43,000.00	Q

Qualification Code Definitions**Structure Information**

Building Number	Year Structure Was Assessed	Building Description	Actual Year Built	Number Of Bathrooms	Number Of Bedrooms	Total Number Of Stories	Heated Square Footage	Total Square Footage
1	2019	SGL FAM - WALL GROUP 3	1967	2.0	3	1.0	1505	2044
1	2014	SGL FAM - WALL GROUP 3	1967	2.0	3	1.0	1505	2044

Structure Details

Structure Type	Structure Description	Building Number
Building Element	AC TYPE...CENTRAL	1
Building Element	ARCHITECTURAL STYLE...RANCH/1 LEVEL	1

Building Element	BUILDING SHAPE...RECTANGLE	1
Building Element	DISHWASHER...DISHWASHER	1
Building Element	ELECTRICAL...AVERAGE	1
Building Element	EXTERIOR WALL 1...FACE BRICK VENEER	1
Building Element	EXTERIOR WALL 2	1
Building Element	FOUNDATION...PIERS	1
Building Element	HEAT TYPE/FUEL...FORCED AIR DUC/GAS	1
Building Element	INSULATION...AVERAGE	1
Building Element	INTERIOR FLOOR 1...CARPET	1
Building Element	INTERIOR FLOOR 2	1
Building Element	INTERIOR WALL 1...3-PLASTER/DRYWALL	1
Building Element	INTERIOR WALL 2	1
Building Element	OVEN/RANGE...OVEN/RANGE	1
Building Element	ROOF COVER...ASPHALT SHINGLE	1
Building Element	ROOF STRUCTURE...GABLE OR HIP	1
Building Element	STRUCTURAL FRAME	1
Misc Improvement	FIREPLACE-1 STORY SINGLE/RESID	1

Exemptions

Exemption Year	Exemption Description
2014	HOMESTEAD EXEMPTION
2015	HOMESTEAD EXEMPTION
2016	HOMESTEAD EXEMPTION
2017	HOMESTEAD EXEMPTION
2018	HOMESTEAD EXEMPTION

Fill in this information to identify your case:

Debtor 1	John Turnipseed		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Luvenia H Turnipseed		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-05981		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
DEBTORS RESIDENCE-17 SPOTSWOOD COURT, COLUMBIA, SC 29210, RICHLAND COUNTY, (3) BEDROOM HOUSE, TMS# (R07407-04-11), TAX APPRAISAL VALUE (\$78,300), SEE ATTACHED TAX APPRAISAL	\$100,000.00	<input checked="" type="checkbox"/> \$109,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
DEBTORS ESTIMATES VALUE AT (\$100,000) Line from <i>Schedule A/B</i> : 1.1			
1999 DODGE RAM 1500 TRUCK: VIN# (), (4) DOOR, (8) CYLINDER, (130,000) MILES, DEBTOR ESTIMATES VALUE AT (\$1,500) Line from <i>Schedule A/B</i> : 3.1	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$1,500.00 of unused Homestead Exemption
2001 MITSUBISHI DIAMANTE: VIN# (3B7HCR3Y5XG146157), (4) DOOR, (6) CYLINDER, (155,000) MILES, DEBTOR ESTIMATES VALUE AT (\$500) Line from <i>Schedule A/B</i> : 3.2	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$500.00 of unused Homestead Exemption

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2004 DODGE CHARGER: VIN# (2B3UA73W36H369525), (4) DOOR, (6) CYLINDER, (160,000) MILES, NADA VALUE (\$250) Line from Schedule A/B: 3.3	<u>\$250.00</u>	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$250.00 of unused Homestead Exemption
2010 FORD E350 VAN: VIN# (), (4) DOOR, (8) CYLINDER, (200,000) MILES, NADA VALUE (\$250) Line from Schedule A/B: 3.4	<u>\$250.00</u>	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$250.00 of unused Homestead Exemption
2016 BUICK LACROSSE: VIN# (), (4) DOOR, (86) CYLINDER, (45,000) MILES, NADA VALUE (\$18,150) Line from Schedule A/B: 3.5	<u>\$18,150.00</u>	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER Line from Schedule A/B: 6.1	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: TVS, DVD PLAYERS, COMPUTER Line from Schedule A/B: 7.1	<u>\$600.00</u>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	<u>\$45.00</u>	<input checked="" type="checkbox"/> \$45.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CLOTHING Line from Schedule A/B: 11.1	<u>\$750.00</u>	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	<u>\$600.00</u>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
JEWELRY: JEWELRY PURCHASED FROM KAY JEWELERS Line from Schedule A/B: 12.2	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
CASH ON HAND Line from Schedule A/B: 16.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$0.00 of unused Homestead Exemption
Checking: ALLSOUTH FEDERAL CREDIT UNION: CHECKING ACCOUNT# (9796) Line from Schedule A/B: 17.1	<u>\$33.35</u>	<input checked="" type="checkbox"/> \$33.35 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$33.35 of unused Homestead Exemption

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Savings: ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (5894) Line from Schedule A/B: 17.2	\$39.44	<input checked="" type="checkbox"/> \$39.44 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$39.44 of unused Homestead Exemption
Savings: ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (0593) Line from Schedule A/B: 17.3	\$91.70	<input checked="" type="checkbox"/> \$91.70 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$91.70 of unused Homestead Exemption
Checking: ALLSOUTH FEDERAL CREDIT UNION: CHECKING ACCOUNT# (8229) Line from Schedule A/B: 17.4	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$100.00 of unused Homestead Exemption
Savings: ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (5810) Line from Schedule A/B: 17.5	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$50.00 of unused Homestead Exemption
Checking: BANK OF AMERICA: CHECKING ACCOUNT Line from Schedule A/B: 17.6	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$200.00 of unused Homestead Exemption
401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401(K) RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$6,000) Line from Schedule A/B: 21.1	\$6,000.00	<input checked="" type="checkbox"/> \$6,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)
INTERTAPE POLYMER GROUP LIFE INSURANCE: GROUP LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$150,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 38-63-40(C)

3. **Are you claiming a homestead exemption of more than \$160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **John Turnipseed**
 First Name Middle Name Last Name

Debtor 2 **Luvenia H Turnipseed**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **18-05981**
 (if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 AUTO MONEY Creditor's Name 7349 GARNERS FERRY ROAD COLUMBIA, SC 29209 Number, Street, City, State & Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>2/18</u>	Describe the property that secures the claim: 2004 DODGE CHARGER: TO BE VALUED IN PLAN As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Auto Loan</u>	\$5,345.00	\$250.00
			\$5,095.00
			Last 4 digits of account number <u>2824</u>

2.2 AUTO MONEY Creditor's Name 7349 GARNERS FERRY ROAD COLUMBIA, SC 29209 Number, Street, City, State & Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>2/18</u>	Describe the property that secures the claim: 2010 FORD E350 VAN: TO BE VALUED IN PLAN As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Auto Loan</u>	\$4,278.81	\$250.00
			\$4,028.81
			Last 4 digits of account number <u>6227</u>

Debtor 1 **John Turnipseed** Case number (if known) **18-05981**

First Name Middle Name Last Name

Debtor 2 **Luvenia H Turnipseed**

First Name Middle Name Last Name

2.3 AXOM BANK Describe the property that secures the claim: **\$12,882.41** **\$100,000.00** **\$0.00**
Creditor's Name

PO BOX 919008
San Diego, CA 92191

Number, Street, City, State & Zip Code

DEBTORS RESIDENCE-17
SPOTSWOOD COURT, COLUMBIA,
SC 29210: TO BE PAID IN PLAN

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Mortgage

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **1/10**

Last 4 digits of account number **1134**

2.4 KAY JEWELERS Describe the property that secures the claim: **\$1,207.08** **\$500.00** **\$707.08**
Creditor's Name

PO BOX 659728
San Antonio, TX 78265

Number, Street, City, State & Zip Code

JEWELRY-JEWELRY PURCHASED
FROM KAY JEWELERS: TO BE
PAID IN PLAN

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Purchase Money Security

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **12/17**

Last 4 digits of account number **4571**

2.5 WELLS FARGO Describe the property that secures the claim: **\$26,860.80** **\$18,150.00** **\$8,710.80**
Creditor's Name

PO BOX 17900
Denver, CO 80217

Number, Street, City, State & Zip Code

2016 BUICK LACROSSE: TO BE
PAID IN PLAN

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Auto Loan

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **12/16**

Last 4 digits of account number **7031**

Debtor 1 **John Turnipseed**

First Name Middle Name Last Name

Case number (if known)

18-05981

Debtor 2 **Luvenia H Turnipseed**

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

\$50,574.10

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$50,574.10

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code

B OF I FEDERAL BANK

PO BOX 80471

City of Industry, CA 91716

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	John Turnipseed		
	First Name	Middle Name	Last Name
Debtor 2	Luvenia H Turnipseed		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	18-05981		
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 10px;">4.1</div> BELKS Nonpriority Creditor's Name PO BOX 965029 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9233 When was the debt incurred? 1/95 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	Total claim \$6,307.85
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Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

4.2	BEST BUY Nonpriority Creditor's Name PO BOX 9001007 Louisville, KY 40290 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6015 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$547.00
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4.3	BRYLANE HOME Nonpriority Creditor's Name PO BOX 182273 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6463 When was the debt incurred? 1/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$300.00
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4.4	CAPITAL ONE Nonpriority Creditor's Name PO BOX 71083 Charlotte, NC 28272 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3332 When was the debt incurred? 3/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$5,303.00
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Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

4.5	CAPITAL ONE Nonpriority Creditor's Name PO BOX 71083 Charlotte, NC 28272 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4881</u> When was the debt incurred? <u>1/15</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$1,765.00
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4.6	CITIBANK Nonpriority Creditor's Name PO BOX 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2831</u> When was the debt incurred? <u>1/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$500.00
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4.7	HSN Nonpriority Creditor's Name PO BOX 659707 San Antonio, TX 78265 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2421</u> When was the debt incurred? <u>12/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$604.00
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Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

4.8	IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6227</u> \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>
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4.9	MEDICAL REVENUE Nonpriority Creditor's Name PO BOX 1149 Sebring, FL 33871 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1788</u> \$125.00 When was the debt incurred? <u>8/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>
-----	---	---

4.1 0	PROVIDENCE HEALTH Nonpriority Creditor's Name PO BOX 75207 Charlotte, NC 28275 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0668</u> \$561.02 When was the debt incurred? <u>4/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>
----------	--	---

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

4.1
1

RECEIVABLE SOLUTIONS

Last 4 digits of account number **2831** **\$1,707.00**

Nonpriority Creditor's Name

PO BOX 21808

Columbia, SC 29221

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **1/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-LEXINGTON MEDICAL CENTER**

4.1
2

RICHLAND COUNTY TREASURER

Last 4 digits of account number **6227** **\$0.00**

Nonpriority Creditor's Name

PO BOX 11947

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.1
3

SC DEPT OF REVENUE

Last 4 digits of account number **6227** **\$0.00**

Nonpriority Creditor's Name

PO BOX 12265

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

4.1 4	TOTAL REWARDS Nonpriority Creditor's Name PO BOX 659554 San Antonio, TX 78265 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9366 When was the debt incurred? 1/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$10,016.23
----------	--	---	--------------------

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address ATTORNEY GENERAL OF UNITED STATES 950 PENNSYLVANIA AVE, NW Washington, DC 20530-0001	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---	---

Last 4 digits of account number

Name and Address US ATTORNEY'S OFFICE ATTN DOUG BARNETT 1441 MAIN ST STE 500 Columbia, SC 29201	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---	---

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 27,736.10
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 27,736.10

Fill in this information to identify your case:

Debtor 1 **John Turnipseed**
First Name Middle Name Last Name

Debtor 2 **Luvenia H Turnipseed**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **18-05981**
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	John Turnipseed		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Luvenia H Turnipseed		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-05981		

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 John Turnipseed

Debtor 2 Luvenia H Turnipseed
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 18-05981
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>SOCIAL SECURITY</u>	<u>WORKER</u>
	Employer's name	<u>SOCIAL SECURITY</u>	<u>INTERTAPE POLYMER</u>
	Employer's address		<u>1091 CAROLINA PINES</u> <u>Blythewood, SC 29016</u>
	How long employed there?		<u>45 YEARS</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>5,727.40</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>5,727.40</u>

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 5,727.40
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 829.32
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 515.47
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 119.63
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 354.22
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 1,818.64
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 3,908.76
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,211.30	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: 401(K) LOAN ADDBACK	8h.+ \$ 0.00	+ \$ 119.63
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,211.30	\$ 119.63
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,211.30 + \$ 4,028.39	= \$ 5,239.69
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	5,239.69
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: DEBTORS DO NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.		

Combined monthly income

BENEFICIARY'S NAME: JOHN TURNIPSEED

We review Social Security benefits each year to make sure they keep up with the cost of living. The law does not permit an increase in benefits when there is no increase in the cost of living. So your benefit will stay the same in 2016. There was no increase in the cost of living during the past year based on the Consumer Price Index (CPI) published by the Department of Labor. The CPI is the Federal government's official measure used to calculate cost of living increases.

How Much Will I Get And When?

• Your monthly amount (before deductions) is	<u>\$1,476.90</u>
• The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of November 20, 2015, or if someone else pays your premium, we show \$0.00.)	<u>\$104.90</u>
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of November 1, 2015, we show \$0.00.)	<u>\$26.10</u>
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of November 20, 2015, we show \$0.00.)	<u>\$134.60</u>
• After we take any other deductions, you will receive on or about Jan. 27, 2016.	<u>\$1,211.30</u>

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov for more information about Social Security.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions.
If you speak Spanish, press 7. For other languages, wait until we answer, and then ask for an interpreter.
- Contact your local Social Security office, or contact any United States embassy or consulate office when outside the United States.

11 FL STURMOND FED BLD
1835 ASSEMBLY ST
COLUMBIA SC 29201

Help For Elders

The Eldercare Locator is a free service of the U.S. Administration on Aging. Call 1-800-677-1116 or visit www.eldercare.gov to learn about financial, employment, legal, and caregiving help for seniors.

BNC#: 15B1887J79436

Over ►

SOCIAL SECURITY ADMINISTRATION
SOUTHEASTERN PSC
BIRMINGHAM SOCIAL SECURITY CENTER
1200 REV ABRAHAM WOODS JR BLVD
BIRMINGHAM, AL 35285-0001

OFFICIAL BUSINESS

FIRST-CLASS MAIL
PRESORTED
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

FOLD & TEA

CO. FILE DEPT. CLOCK
Q9D 700350 000000 291 0000350458

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Earnings Statement

044-0002
 INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Period Beginning: 08/19/2018
 Period Ending: 09/01/2018
 Pay Date: 08/30/2018

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 8
 SC: 8

LUVENIA H TURNIPSEED
17 SPOTSWOOD CT
COLUMBIA SC 29210

Earnings	rate	hours	this period	year to date
Regular	26.6099	80.00	2,128.79	32,989.93
Overtime	39.9146	14.40	574.77	5,951.69
Bereavement				638.64
Holiday				1,264.75
Personalpd				1,485.98
Vacation				2,425.15
Gross Pay			\$2,703.56	44,756.14

Net Check \$0.00

*** Excluded from federal taxable wages**

Your federal taxable wages this period are
\$2,327.51

Deductions	Statutory		
Federal Income Tax	-60.65	1,694.65	
Social Security Tax	-161.61	2,666.15	
Medicare Tax	-37.80	623.54	
SC State Income Tax	-88.15	1,679.28	
Other			
Dental Pre Tax	-27.52*	495.36	
Fsa Medical	-30.77*	553.86	
Life Dep	-1.66	29.88	
Life Insurance	-25.38	456.84	
Medical Pre Tax	-43.53*	783.54	
Tobacco User Ee	-23.08*	415.44	
Vision Pre Tax	-7.83*	140.94	
401K	-243.32*	4,028.08	
401K Loan	-53.96	971.28	
Net Pay		\$1,898.30	
Checking	-1,883.30		
Savings	-15.00		

Other Benefits and Information

	this period	total to date
Gtl	35.76	635.42

Important Notes

YOUR COMPANY PHONE NUMBER IS 941-739-7503

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INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Advice number: 00000350458
 Pay date: 08/30/2018

Deposited to the account of	account number	transit ABA	amount
LUVENIA H TURNIPSEED	xxxx8229	xxxx xxxx	\$1,883.30
	xxxxxxxx3120	xxxx xxxx	\$15.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VENDOR
Q9D 700380 000000 291 0000370457

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Earnings Statement

044-0002
 INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Period Beginning: 09/02/2018
 Period Ending: 09/15/2018
 Pay Date: 09/13/2018

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 8
 SC: 8

LUVENIA H TURNIPSEED
17 SPOTSWOOD CT
COLUMBIA SC 29210

Earnings	rate	hours	this period	year to date
Regular	26.6099	79.65	2,119.48	35,109.41
Overtime	39.9146	8.43	336.48	6,288.17
Vacation	26.6100	8.00	212.88	2,638.03
Bereavement				638.64
Holiday				1,264.75
Personalpd				1,485.98
Gross Pay			\$2,668.84	47,424.98

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$2,295.91

Deductions	Statutory	
Federal Income Tax	-57.49	1,752.14
Social Security Tax	-159.46	2,825.61
Medicare Tax	-37.29	660.83
SC State Income Tax	-85.94	1,765.22

Other Benefits and Information

	this period	total to date
Gtl	35.76	671.18

Important Notes

YOUR COMPANY PHONE NUMBER IS 941-739-7503

Other	
Dental Pre Tax	-27.52* 522.88
Fsa Medical	-30.77* 584.63
Life Dep	-1.66 31.54
Life Insurance	-25.38 482.22
Medical Pre Tax	-43.53* 827.07
Tobacco User Ee	-23.08* 438.52
Vision Pre Tax	-7.83* 148.77
401K	-240.20* 4,268.28
401K Loan	-53.96 1,025.24
Net Pay	\$1,874.73
Checking	-1,859.73
Savings	-15.00

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INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Advice number: 00000370457
 Pay date: 09/13/2018

Deposited to the account of	account number	transit ABA	amount
LUVENIA H TURNIPSEED	xxxx8229	xxxx xxxx	\$1,859.73
	xxxxxxxx3120	xxxx xxxx	\$15.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VO. Document
Q9D 700350 000000 291 0000390458

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Earnings Statement

045-0002

INTERTAPE POLYMER GROUP
100 PARAMOUNT DRIVE
SUITE 300
SARASOTA, FL 34232

Period Beginning: 09/16/2018
Period Ending: 09/29/2018
Pay Date: 09/27/2018

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 8
SC: 8

LUVENIA H TURNIPSEED
17 SPOTSWOOD CT
COLUMBIA SC 29210

Earnings	rate	hours	this period	year to date
Regular	26.6100	68.25	1,816.13	36,925.54
Holiday	26.6100	8.00	212.88	1,477.63
Vacation	26.6100	16.00	425.76	3,063.79
Overtime				6,288.17
Bereavement				638.64
Personalpd				1,485.98
Gross Pay			\$2,454.77	49,879.75

Net Check **\$0.00**

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,101.11

Deductions	Statutory	
Federal Income Tax	-38.01	1,790.15
Social Security Tax	-146.18	2,971.79
Medicare Tax	-34.19	695.02
SC State Income Tax	-72.30	1,837.52

Other Benefits and Information

	this period	total to date
Gtl	35.76	706.94

Important Notes

YOUR COMPANY PHONE NUMBER IS 941-739-7503

Other

Dental Pre Tax	-27.52*	550.40
Fsa Medical	-30.77*	615.40
Life Dep	-1.66	33.20
Life Insurance	-25.38	507.60
Medical Pre Tax	-43.53*	870.60
Tobacco User Ee	-23.08*	461.60
Vision Pre Tax	-7.83*	156.60
401K	-220.93*	4,489.21
401K Loan	-53.96	1,079.20

Net Pay	\$1,729.43
Checking	-1,714.43
Savings	-15.00

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INTERTAPE POLYMER GROUP
100 PARAMOUNT DRIVE
SUITE 300
SARASOTA, FL 34232

Advice number: 00000390458
Pay date: 09/27/2018

Deposited to the account of	account number	transit ABA	amount
LUVENIA H TURNIPSEED	xxxx8229	xxxx xxxx	\$1,714.43
	xxxxxxxx3120	xxxx xxxx	\$15.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VENDOR
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Earnings Statement

046-0002
 INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Period Beginning: 09/30/2018
 Period Ending: 10/13/2018
 Pay Date: 10/11/2018

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 8
 SC: 8

LUVENIA H TURNIPSEED
17 SPOTSWOOD CT
COLUMBIA SC 29210

Earnings	rate	hours	this period	year to date
Regular	26.6099	80.00	2,128.79	39,054.33
Overtime	39.9149	23.98	957.16	7,245.33
Bereavement				638.64
Holiday				1,477.63
Personalpd				1,485.98
Vacation				4,128.19
Gross Pay			\$3,085.95	54,030.10

Net Check \$0.00

*** Excluded from federal taxable wages**

Your federal taxable wages this period are
 \$2,675.48

Deductions	Statutory	
Federal Income Tax	-99.87	1,900.83
Social Security Tax	-185.32	3,223.10
Medicare Tax	-43.34	753.79
SC State Income Tax	-112.51	1,980.44

Other Benefits and Information

	this period	total to date
Gtl	35.76	742.70

Important Notes

YOUR COMPANY PHONE NUMBER IS 941-739-7503

Other		
Dental Pre Tax	-27.52*	577.92
Fsa Medical	-30.77*	646.17
Life Dep	-1.66	34.86
Life Insurance	-25.38	532.98
Medical Pre Tax	-43.53*	914.13
Tobacco User Ee	-23.08*	484.68
Vision Pre Tax	-7.83*	164.43
401K	-277.74*	4,862.75
401K Loan	-53.96	1,133.16
Net Pay	\$2,153.44	
Checking	-2,138.44	
Savings	-15.00	

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INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Advice number: 00000410457
 Pay date: 10/11/2018

Deposited to the account of	account number	transit	ABA	amount
LUVENIA H TURNIPSEED	xxxx8229	xxxx	xxxx	\$2,138.44
	xxxxxxxx3120	xxxx	xxxx	\$15.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

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Earnings Statement

045-0002
 INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Period Beginning: 10/14/2018
 Period Ending: 10/27/2018
 Pay Date: 10/25/2018

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 8
 SC: 8

LUVENIA H TURNIPSEED
17 SPOTSWOOD CT
COLUMBIA SC 29210

Earnings	rate	hours	this period	year to date
Regular	26.6099	80.00	2,128.79	41,183.12
Overtime	39.9148	16.90	674.56	7,919.89
Bereavement				638.64
Holiday				1,477.63
Personalpd				1,485.98
Vacation				4,128.19
Gross Pay			\$2,803.35	56,833.45

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$2,418.32

Deductions	Statutory		
Federal Income Tax	-69.73	1,970.56	
Social Security Tax	-167.79	3,390.89	
Medicare Tax	-39.24	793.03	
SC State Income Tax	-94.50	2,074.94	

Other Benefits and Information

	this period	total to date
Gtl	35.76	778.46

Important Notes

YOUR COMPANY PHONE NUMBER IS 941-739-7503

Other

Dental Pre Tax	-27.52*	605.44
Fsa Medical	-30.77*	676.94
Life Dep	-1.66	36.52
Life Insurance	-25.38	558.36
Medical Pre Tax	-43.53*	957.66
Tobacco User Ee	-23.08*	507.76
Vision Pre Tax	-7.83*	172.26
401K	-252.30*	5,115.05
401K Loan	-53.96	1,187.12

Net Pay	\$1,966.06
Checking	-1,951.06
Savings	-15.00

43
52

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INTERTAPE POLYMER GROUP
 100 PARAMOUNT DRIVE
 SUITE 300
 SARASOTA, FL 34232

Advice number: 00000430460
 Pay date: 10/25/2018

Deposited to the account of	account number	transit ABA	amount
LUVENIA H TURNIPSEED	xxxx8229	xxxx xxxx	\$1,951.06
	xxxxxxxx3120	xxxx xxxx	\$15.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

Fill in this information to identify your case:

Debtor 1 John Turnipseed

Debtor 2 Luvenia H Turnipseed
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 18-05981
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 45.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 65.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	400.00
6b. Water, sewer, garbage collection	6b. \$	80.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	625.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	125.00
10. Personal care products and services	10. \$	100.00
11. Medical and dental expenses	11. \$	175.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	500.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	125.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	144.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES		
	16. \$	45.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
	18. \$	0.00
19. Other payments you make to support others who do not live with you.		
	\$	0.00
Specify: _____		19.
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: SOCIAL SECURITY REDUCTION		
	21. +\$	1,211.30
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	3,925.30
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	3,925.30
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	5,239.69
23b. Copy your monthly expenses from line 22c above.	23b. -\$	3,925.30
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,314.39
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain here: REGULAR MORTGAGE PAYMENTS TO BE ADDRESSED THROUGH CHAPTER 13 PLAN. DEBTORS DO NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.		

Fill in this information to identify your case:

Debtor 1 **John Turnipseed**
First Name Middle Name Last Name

Debtor 2 **Luvenia H Turnipseed**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **18-05981**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ John Turnipseed
John Turnipseed
Signature of Debtor 1

Date December 24, 2018

X /s/ Luvenia H Turnipseed
Luvenia H Turnipseed
Signature of Debtor 2

Date December 24, 2018

Fill in this information to identify your case:

Debtor 1 **John Turnipseed**
First Name Middle Name Last Name

Debtor 2 **Luvenia H Turnipseed**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **18-05981**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$2,100.00

☐ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$56,833.45

☐ Operating a business

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$21,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$89,229.00
For the calendar year before that: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$21,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$89,000.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	SOCIAL SECURITY	\$16,245.90	N/A	\$0.00
For last calendar year: (January 1 to December 31, 2017)	SOCIAL SECURITY	\$17,723.00	RETIREMENT	\$8,900.00
For the calendar year before that: (January 1 to December 31, 2016)	SOCIAL SECURITY	\$17,700.00	N/A	\$0.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
WELLS FARGO PO BOX 17900 Denver, CO 80217	OCTOBER 2018	\$725.00	\$26,860.80	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___
AXOM BANK PO BOX 919008 San Diego, CA 92191	SEPTEMBER 2018	\$735.00	\$16,585.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
1999 MITSUBISHI DIAMANTE WAS INVOLVED IN AN ACCIDENT AND TOTALLED.	ONLY LIABILITY INSURANCE Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	SEPTEMBER 2018	\$2,200.00

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---	---	-----------------------------------	-------------------

Debtor 1 **John Turnipseed**
 Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$789.00 FILING FEE: \$310.00	NOVEMBER 2018	\$1,099.00
ABACUS CREDIT COUNSELING 15760 VENTURA BLVD SUITE 1240 Encino, CA 91436	CREDIT COUNSELING: \$25.00	NOVEMBER 2018	\$25.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 **John Turnipseed**
Debtor 2 **Luvenia H Turnipseed**

Case number (if known) **18-05981**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ John Turnipseed
John Turnipseed
Signature of Debtor 1

/s/ Luvenia H Turnipseed
Luvenia H Turnipseed
Signature of Debtor 2

Date December 24, 2018

Date December 24, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).